			1410-33
P	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY	
	TELEPHONE NO.: FAX NO. (Optional):		
	E-MAIL ADDRESS (Optional):		
	ATTORNEY FOR (Name):		
٦,	SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	CASE NAME:		
	PETITION FOR WITHDRAWAL OF FUNDS	CASE NUMBER:	
	FROM BLOCKED ACCOUNT		
	EX PARTE		
1.	Petitioner (name):		
	requests an order permitting the withdrawal of funds belonging to the person described by	pelow.	
2	The person whose funds are to be withdrawn (name):	is	
۷.	The person whose funds are to be withdrawn (name): a a minor.	15	
	b. a conservatee.		
	c. a beneficiary.		
	d. other (specify):		
3.	The information about the person identified in item 2 is as follows:		
	a. Date of birth:		
	b. Address:		
	c. Telephone number:		
	d. Current school (name and location):		
	e. Current employer (name and address):		
1	If the person identified in item 2 is a minor, the minor's persons are		
4.	If the person identified in item 2 is a minor, the minor's parents are a. Mother (name, address, telephone number):		
	a. Wother (name, address, telephone namber).		
	b. Father (name, address, telephone number):		
5	Petitioner brings this petition as (indicate capacity):		
٥.	a. trustee.		
	b. custodian.		
	c. parent.		
	d. guardian.		
	e. Conservator.		
	f. other (specify):		
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6.	Account status:		
	a. Name and title on account:		
	b. Depository (name):		
	(1) Branch:		
	(2) Address:		
	c. Account number:		
	d. Current balance:		

F	CASE NAME:	CASE NUMBER:		
6.	e. Previous withdrawals from this account (select one): (1) None. (2) As follows: (a) Amount: \$ (b) Date: (c) Purpose:			
7.	Additional withdrawals from this account described in Attachment 6e. Continued (provide information relating to each additional account from which fundattachment designated as Attachment 6). Amount of funds to be disbursed under this petition: a. Balance of account or accounts.	s are to be withdrawn on a separate		
8.	b. Other (specific total amount to be disbursed): \$			
9.	Payee to whom funds will be distributed: a. Payee (name): (1) Address: (2) Amount: \$ (3) Purpose: b. Payee (name): (1) Address: (2) Amount: \$ (3) Purpose: c. Payee (name): (1) Address: (2) Amount: \$ (3) Purpose: d. Payee (name): (1) Address: (2) Amount: \$ (3) Purpose: d. Payee (name): (1) Address: (2) Amount: \$ (3) Purpose:			
Continued (if there are additional payees, make a list and attach it to this petition as Attachment 9). 10. Number of pages attached:				
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:				
	(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)		